



DRAFT

APPLICATION TO LEASE STATE LAND

In accordance with Idaho Code 58-307, as amended, applications to obtain a lease which is expiring must be postmarked or received in an office of the Department of Lands on or before **April 30** of the year the lease expires.

New Lease #	_____	Application Fee:	_____
Renewal of Lease # (If Applicable)	_____	Expiration Date: (If Applicable)	_____

APPLICANT DATA This data will be used as the "Lessee of Record" information. All documents must contain the full legal name of the Applicant or the recognized official name of any business as filed with the Idaho Secretary of State. Attach supporting documentation.

Name or Business Name:	Owner(s) Names:
_____	_____
Contact Name:	Position or Title: (If applicable)
_____	_____
Street Address:	E-mail/Website Address(es):
_____	_____
PO Box:	City:
_____	_____
State:	Zip _____ - _____
_____	_____
Work Phone: ()	Home Phone: ()
_____	_____
Cell / Mobile: ()	Fax: ()
_____	_____

Use: If our record of your use differs, please write it in under Notes/Special Provisions"

Description of Property:						
Twp	Rge	Section	Subdivision	County	Acres	Fund
_____	_____	_____	_____	_____	_____	_____

NOTES/SPECIAL PROVISIONS: (If additional space is needed, attach a separate page and reference here.)

I hereby certify that I am the Current Lessee of Record, Applicant or the Authorized Representative of the Current Lessee of Record or Applicant, and that the information contained in this application is true and correct to the best of my knowledge, and acknowledge that falsification of any information contained herein, or provided herewith, may be grounds for lease termination or non-issuance of a lease.

Signed by _____	Dated _____
Print Name _____	Title (If Applicable) _____

Bureau Use Only:	Area Use Only – Following Items Sent To Bureau (Electronically):		
Original Application Received <input type="checkbox"/>	Full Legal Description <input type="checkbox"/>	Length (Term) of Lease <input type="checkbox"/>	Rent and Adjustments <input type="checkbox"/>
Fee Paid <input type="checkbox"/>	Improvements List <input type="checkbox"/>	Bond Amount(s) <input type="checkbox"/>	Insurance <input type="checkbox"/>
Checklist Initiated <input type="checkbox"/>	Map (jpeg or pdf) <input type="checkbox"/>	Special Considerations <input type="checkbox"/>	Verified Subusers (if applic.) <input type="checkbox"/>
			Area Rep. Initials _____